

PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

27310 7590 03/13/2006

PIONEER HI-BRED INTERNATIONAL, INC.
 7250 N.W. 62ND AVENUE
 P.O. BOX 552
 JOHNSTON, IA 50131-0552

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Kathryn K. Lappegard

(Depositor's name)

Kathryn K. Lappegard
 June 6, 2006

(Signature)

(Date)

06/06/2006 MGBREM2 00000064 161852 10080114

01 FC:1501 1400.00 DA

02 FC:1504 APPLICATION 280.00 DA

FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/080,114

02/21/2002

Kanwarpal S. Dhugga

1301

1712

TITLE OF INVENTION: MANIPULATION OF SUCROSE SYNTHASE GENES TO IMPROVE STALK AND GRAIN QUALITY

ISOLATED SUCROSE SYNTHASE POLYNUCLEOTIDES AND USES

APPL. N. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/13/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
IBRAHIM, MEDINA AHMED	1638	800-284000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Pioneer Hi-Bred International, Inc.

Kathryn K. Lappegard

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pioneer Hi-Bred International, Inc.

Johnston, IA 50131

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Kathryn K. Lappegard

Date

June 6, 2006

Typed or printed name

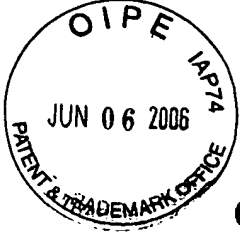
Kathryn K. Lappegard

Registration No.

46,857

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FAX TRANSMISSION

7100 N.W. 62nd Avenue
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Phone: (515) 253-5707
Fax: (515) 334-6883

TO: MAIL STOP ISSUE FEE
COMMISSIONER FOR PATENTS
U.S. PATENT AND TRADEMARK OFFICE

FROM: KATHRYN LAPPEGARD

RE: U.S. PATENT APPLICATION SERIAL NO. 10/080,114
ATTORNEY DOCKET NO. 1301

DATE: 06/06/06 FAX NUMBER: (571) 273-2885

NUMBER OF PAGES FOLLOWING THIS SHEET: 1

COMMENTS:

TRANSMISSION INCLUDES THE FOLLOWING:

Fees(s) Transmittal (1 Page)

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